membrane was everted. The intestines were congested and glued together by yellow lymph. The gut was clamped above and below by finger and thumb, and the segment thus isolated washed out with 1 in 100 carbolic lotion, two rows of continuous Lembert sutures were applied, the mucous membrane being carefully tucked in. Subsequently two interrupted Lembert sutures were used where the union was considered weak. Green catgut was employed. On relieving the bowel no leakage took place, so after thoroughly irrigating the abdomen with 1 in 100 carbolic lotion, the fingers agitating the intestines and liberating pocketed serum, the sutured portion was reintroduced. The wound was closed by four silkworm-gut sutures, and a small glass drainage-tube inserted.

The groin wound was again cleansed and sutured. At the end of the operation, which lasted thirty-five minutes, the patient was in good condition.

Subsequently no opium was given. Sips of warm water or weak tea were ordered if asked for. Next morning at 3 A.M. the patient vomited some milk which had been taken before admission. On the third day redness was noticed around the groin wound. The stitches were removed, some cellular tissue sloughs (probably caused by the putrid serum) removed, and the surface swabbed with pure carbolic acid. This ended the cellulitis. Flatus passed, and the abdomen was much less distended.

On the fourth day the glass tube was removed. Five ounces of milk were allowed in twenty-four hours. On the sixth day half a pint of beef-tea was added to the diet. On the tenth day the bowels were well moved by enema. On the eleventh day fish was added to the diet. From this day recovery was uninterrupted.

IV. A New Operation for the Radical Cure of Femoral Hernia. By Dr. ED. BASSINI (Padua). The success attending the author's method of treating inguinal hernia has led him to publish his method for the radical cure of femoral hernia.

The operation is done by placing the patient on the back with the pelvis elevated. An incision is made parallel to Poupart's ligament, with its centre over the centre of the tumor. The incision is carried down to the sac, which is isolated and opened. The bowel is replaced and the sac ligated and removed. Poupart's ligament, the pectineal fascia, the pectineal line, and the falciform fascia are now recognized. With a curved needle and fine silk Poupart's ligament is sewed to the pectineal fascia at its origin from the pectineal line. Three sutures are sufficient. The first perforates Poupart's ligament near the spine of the pubis; the second is placed one-half centimetre externally, and the third is placed one centimetre internal to the femoral vein. These sutures are not tied until after the others are placed. Four other sutures are passed through the edge of the falciform fascia, and then through the pectineal fascia a little internal to the points of entrance in the falciform. The lower suture is placed just above the saphenous vein.

The sutures are now tied. The upper ones draw Poupart's ligament backward to the pectineal line and close the mouth of the canal; the other sutures approximate the anterior and posterior walls of the canal. The skin is next sutured and no drainage used.

The author has done fifty-four operations on fifty-one individuals, all of whom were cured and left the clinic in from eight to twenty days. Forty-one cases have been kept under observation from two to nine years, and in no case has a recurrence occurred.—*Archiv für klinische Chirurgie*, Bd. 47.

George R. White (New York).